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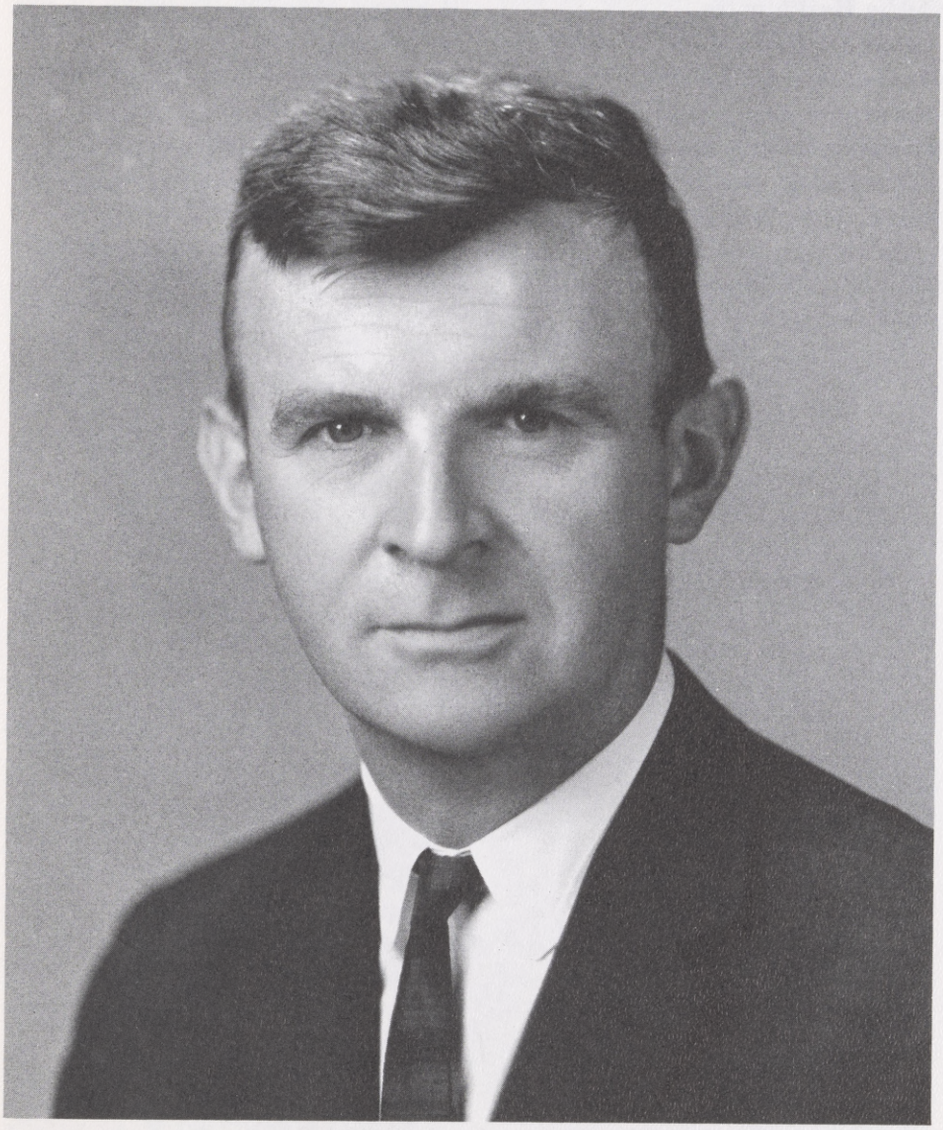
New chancellor named



Dr. Philip Lee: third Chancellor in the history of the University of California Medical Center in San Francisco.

A youthful physician with a distinguished record in the field of health in California and the nation will be welcomed in March as the third Chancellor in the history of UC Medical Center in San Francisco.

He is Dr. Philip Randolph Lee, 44, a native of San Francisco and, before his appointment to UCMC, the assistant secretary for health and science affairs at the U. S. Department of Health, Education and Welfare.

Says University of California President Charles J. Hitch: "Dr. Lee is one of the distinguished leaders in the field of health in the United States. He arrives at a time when his training and experience will help maintain UC's San Francisco Medical Center as a model for training, research and public service in the health sciences."

The new Chancellor succeeds Dr. Willard C. Fleming, the Chancellor since July of 1966. At age 69, Dr. Fleming leaves behind 45 years of service at UCMC. For 26 years, he was Dean of the School of Dentistry.

"Dr. Fleming," says President Hitch, "has provided wise and dedicated leadership at a turbulent and rapidly changing time in the history of society and medicine.

"The San Francisco Medical Center has continued to maintain its national stature in the face of great challenge, thanks in large part to his able direction."

Dr. Lee's appointment was approved in early February by the UC Regents on recommendation of President Charles Hitch.

A graduate of Stanford Medical School with a Master of Science degree in medicine from University of Minnesota, Dr. Lee is the son of Dr. Russel V. Lee, nationally renowned founder of Palo Alto Medical Clinic and a pioneer in the development of group practice.

The new UCMC Chancellor was a member of the department of medicine in the Palo Alto Medical Clinic from 1956 to 1963. During that time,

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'WHAT CAN WE DO?'

New evaluation center open

"Why did it happen to us?" "Will it happen again?" "What can we do?"

These are questions the specialists hear repeatedly from anxiety-ridden parents who seek help at UC Medical Center's new Birth Defects Evaluation Center.

Opened six months ago with the support of a two-year, $50,000 grant from S.F. Chapter of The National Foundation, the center is directed by Dr. Charles J. Epstein, associate professor of pediatrics.

Right now, the center sees two to four families a week.

"It may not sound like many, but we operate differently from the usual clinic or center," Dr. Epstein explains. "When you see a child with a birth defect, you also must see all her brothers and sisters as well as her parents. What's unique about the center is that it spends so much time with families."

Principal interest at the center is in defects with hereditary or chromosomal roots. Mongoloidism is a problem. So is osteogenesis imperfecta — a bone disease that produces extreme brittleness. Polycystic kidney disease is a problem, and there's Hurler's Syndrome, known to laymen as "gargoylism."

"Some statistics say that 7 percent of all living infants suffer from a birth defect. We work with patients from age zero — and I mean zero —on up. Eventually, we may be involved in the prenatal stage as well."

Can something always be done to help? Yes. At the very least, we can tell people whether the problem will recur. And metabolic diseases can often be managed through proper diet. But in virtually no case can you just give somebody a pill and make a problem go away.

A big problem in the birth defects field is misinformation, Dr. Epstein contends. "People might be told that something will not recur when there is maybe a 50 percent chance that it will. Or that something will happen again — where it won't. Our aim is to get the right information to the people who need it."

The center not only specializes in diagnosis but in study, treatment, research and teaching. On the staff with Dr. Epstein, are Dr. Donna Daentl, Dr. Hibbard Williams, Dr. Melvin Grumbach, chairman and professor of pediatrics, and Virginia Dontanville, Public Health nurse.

Says Dr. Grumbach: "We are interested in interaction within the family and in providing a comprehensive approach to solving the problem. With prevention of disease and better nutrition, more infants with congenital anomalies or metabolic disorders are surviving."

Just what is a birth defect? The National Foundation calls it "an abnormality present in a baby at birth." One classification lists 1000 different kinds of birth defects. It may be something obvious — like an extra finger, clubfoot, cleft lip, open spine. It may be a hidden defect in heart, kidney or liver. Or it may be a blood abnormality or a disruption in body chemistry that causes disease or serious illness.

It is estimated that about 250,000 babies with serious defects are born every year in the United States. After heart disease, birth defects is the nation's leading destroyer of life.

Just six months old, UC Medical Center's Birth Defects Evaluation Center is one of 103 centers in the nation supported by the National Foundation.

NEW CHANCELLOR

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he was also a member of the clinical faculty of the department of medicine at Stanford University School of Medicine.

In 1963, he went to Washington as director of health services for the Office of Technical Cooperation for the U.S. Agency for International Development (AID). Two years later, he was named deputy assistant secretary of HEW and then assistant secretary.

Following reorganization of the HEW department by John W. Gardner in 1968, Dr. Lee was placed in charge of all HEW's health matters, including the public health service and the food and drug administration.

In that capacity, he had direct operating responsibility for a $3 billion budget and 45,000 employes. In San Francisco, he will work with about 350 physicians on the full-time UC faculty and about 1450 practicing physicians who serve as part-time faculty members at the Medical Center.

Dr. Lee's special interests in the field of medicine are underlined in more than 50 articles he has authored in medical science journals—"Creative Federalism and Health Programs for the Poor," "Health Manpower – the Critical Need," "Maternal and Infant Care," "Has the World Grown Too Small?"

Besides his service in the Palo Alto Medical Clinic, Dr. Lee's background includes a year as a fellow in the department of physical medicine and rehabilitation of New York University and in internal medicine at Mayo Foundation in Rochester, Minn.

For "outstanding contributions to the nation's health," the new Chancellor last year received the Hilleboe Prize in Public Health. Only recently, he was honored with a special citation from the then HEW Secretary Wilbur J. Cohen for "outstanding creativity and skillful leadership in developing for the nation a sound and far reaching Federal health program."

An earlier "superior honor award" from AID cited his development of new policies and programs in the fields of health, population and nutrition.

Dr. Lee's list of affiliations is as impressive as his awards. He is a member of the American and California Medical Associations, the American Public Health Association, American College of Physicians, American Federation of Clinical Research and the Association of American Medical Colleges.

Medical careers are not unique in the Lee family. Two of the Chancellor's brothers practice at the Palo Alto Medical Clinic. Another is a professor of medicine at University of Southern California. A sister is also a physician.

Dr. Lee married the former Catherine Lockridge, an attorney and Stanford Law School alumna. They are the parents of three daughters and two sons.

Dr. Schindler presents Bufano sculpture to UCMC

Not precisely the prototype of the Sturdy Golden Bear, but a handsome and sturdy bear it is – the black granite sculpture that rests regally in the patio of Milberry Union.

A gift to the student union at UC Medical Center by Dr. and Mrs. Meyer Schindler and sculptor Beniamino Bufano, 'Bear and Cubs' is a sleek 2-ton statue.

Dr. Schindler, who is clinical professor of otolaryngology, presented the sculpture to commemorate the University of California's Centennial Year and the Milberry Union's 10th anniversary.

Both sculptor Bufano and Dr. Schindler were on hand in the patio for the recent unveiling and dedication ceremony.

Seminar sees cancer danger from smoking

A lethal relationship between cancer and smoking is becoming more alarming every day.

This conclusion of Dr. Sol Silverman Jr., chairman of oral biology at UCMC, was explored at the recent "Smoking and Health in Dentistry" seminar sponsored by American Cancer Society and the UC School of Dentistry.

According to statistics, 5 percent of all cancers are located in the mouth and almost 90 percent of patients with cancer of the mouth use tobacco in some form.

'YOU CAN DO IT'

The long road to independence

In the new Patient Rehabilitation Unit in UC Hospital the name of the game is 'do it yourself.' In a home-like setting, patients learn not only to walk again but to do their own laundry, to prepare snacks in the unit kitchen and to train themselves to be self-sufficient.

An elderly gentleman with a shock of white hair, a ruddy complexion and a vigorous manner sat in his wheelchair and said coaxingly:

"You can do it. You can do it."

He was cheering on a man 30 years his junior, who was learning to walk again with an artificial leg. The elderly man had one leg himself and had just completed a training session. He smiled encouragement. The younger man smiled back.

This vignette is repeated daily in UC Medical Center's new Patient Rehabilitation Unit in UC Hospital in San Francisco. Open only since early January, its nine beds are occupied and are already targets for a waiting list.

Head of the third floor wing is amiable, articulate Dr. Gregory Bard, medical director of physical medicine and rehabilitation.

Why a separate rehabilitation unit outside the "acute area" of the hospital? "Because the acutely ill receive — and rightly so — major attention from medical personnel. The disabled who are not ill just don't get their share," Dr. Bard explains.

"Our goal is to make the patient as independent as possible and to do so in a homelike environment. Unless we can simulate here the daily activities of the home, we're not doing our job."

The newly renovated unit is indeed a home away from home — with a panoramic view of ocean, bay and hills that most homes lack. There is a small, efficient kitchen where patients can prepare snacks, a mini-laundry, a pleasant dining room.

In what was once a waiting room and lounge is the newest in rehabilitation "equipment" — parallel bars to support a man learning to walk again, a mobile "walkerette," a flight of steps for practicing the unaccustomed task of ascending or descending with an artificial limb.

Says pretty, blonde Glea Wylie, co-ordinator of rehabilitation services: "It's the patients themselves who set the pace, and they have amazed us with their response to the new unit."

"They do things we didn't dream they'd be doing," marvels Dr. Bard. "We have found out that in this milieu, a patient feels important. It stimulates him to do more, not only for himself but for other patients."

This patient-helping-patient development wasn't part of the formal program. "It's just the result of feeling useful. We all need that," Dr. Bard points out.

"We don't have to push," adds Mrs. Wylie. "Where a therapist used to have to encourage patients physically to do exercises, they now do them on their own. One

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woman who had been in the hospital four months and wouldn't get up was walking from her bedroom to the dining room within a few weeks of being admitted to the new unit."

Getting up for meals is a house rule. Breakfast is at 8, and everyone shows up. No meals are served in individual rooms.

"We used to seat patients at tables for four, but they wanted one long table so everybody could talk to everybody else. It's that kind of family feeling," Mrs. Wylie comments.

Meals are served to simulate a home setting. If somebody can't cut his roast beef, somebody else lends a hand. But the philosophy is emphatically "you can do it if you try."

The philosophy of the medical team encourages this approach. And it is in rehabilitation that the "team" concept reaches its peak efficiency.

Says Dr. Bard: "We need many experts. Doctor, nurse, physical therapist, occupational therapist, social worker, rehabilitation counselor, psychologist, psychiatrist. All work with the patient in a home environment."

Training programs are coordinated daily for each patient. And on "grand rounds" days as many as 20 different experts in as many disciplines meet to discuss plans and programs for each patient.

Patients range in age from early 20's to mid-80's. The unit will accept a patient as young as 16. Some patients are multiple sclerosis victims. Some have had strokes. Some are paraplegics. Some are amputees learning to use prostheses.

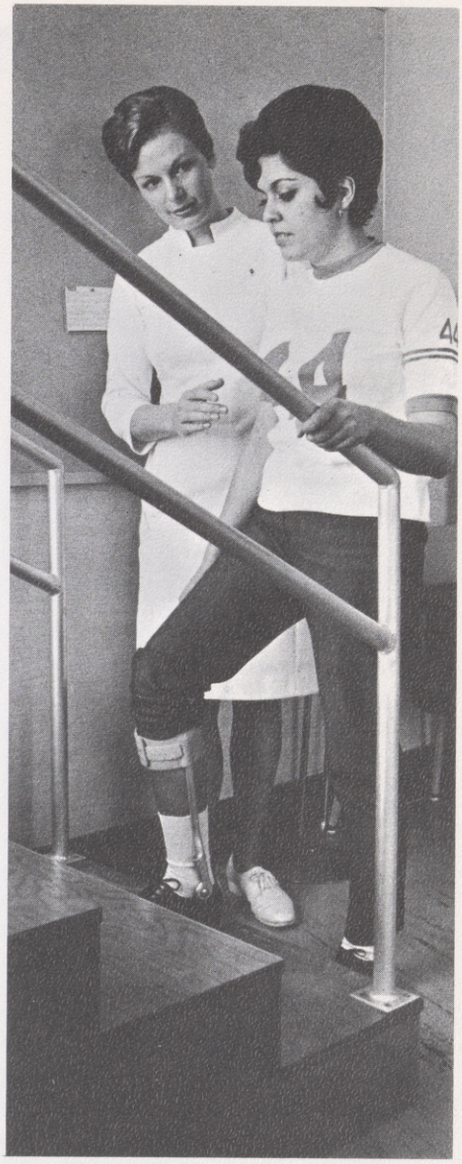
In the acute area of the hospital, according to Dr. Bard, the immediate goal is to get a patient well and out as soon as possible. Hospital stays average about 10 days.

"In our unit, we are not concerned with the length of patients' stays," the unit director emphasizes. "We know we'll have them longer because of the nature of their disabilities. They may be with us from a month to 12 months."

By the time a patient is released from the unit, his family has been instructed about the long-range program of care and rehabilitation at home. There will be monthly follow-up visits to the hospital and — hopefully — home visits as well. Most important, the patient will know how to care for himself.

"And the State Department of Rehabilitation has assigned a counselor to us so that a patient who needs vocational training will be tested and assigned to a program.

"We don't waste any time here," Dr. Bard says with pride.



Coordinator Glea Wylie encourages a patient to practice going up and down on a special slice of staircase.

Programs are planned for individual patients by as many as 20 experts. On the team with Dr. Gregory Bard, center near pillar, are nurses, therapists, psychologists and psychiatrists, social workers, vocational counselors.

The goal: Learning without the teacher

There are 1300 periodontists in North America. And 1100 of them are in the United States.

There are fewer periodontists in the entire state of Illinois, which has three dental schools, than on the staff of UC Medical Center in San Francisco.

Shocking figures? Yes. But the implications are even more shocking as far as the average citizen's dental health is concerned.

Periodontics, explains Dr. Perry Ratcliff, professor and chairman of periodontology at UCMC, is the clinical discipline that deals with diseases of supporting structures of the teeth.

"There are quite a number of such diseases, but one dominates," according to Dr. Ratcliff. "It dominates so much that all data, including that of the World Health Organization, label it the most common disease known to man. It's more prevalent than the common cold.

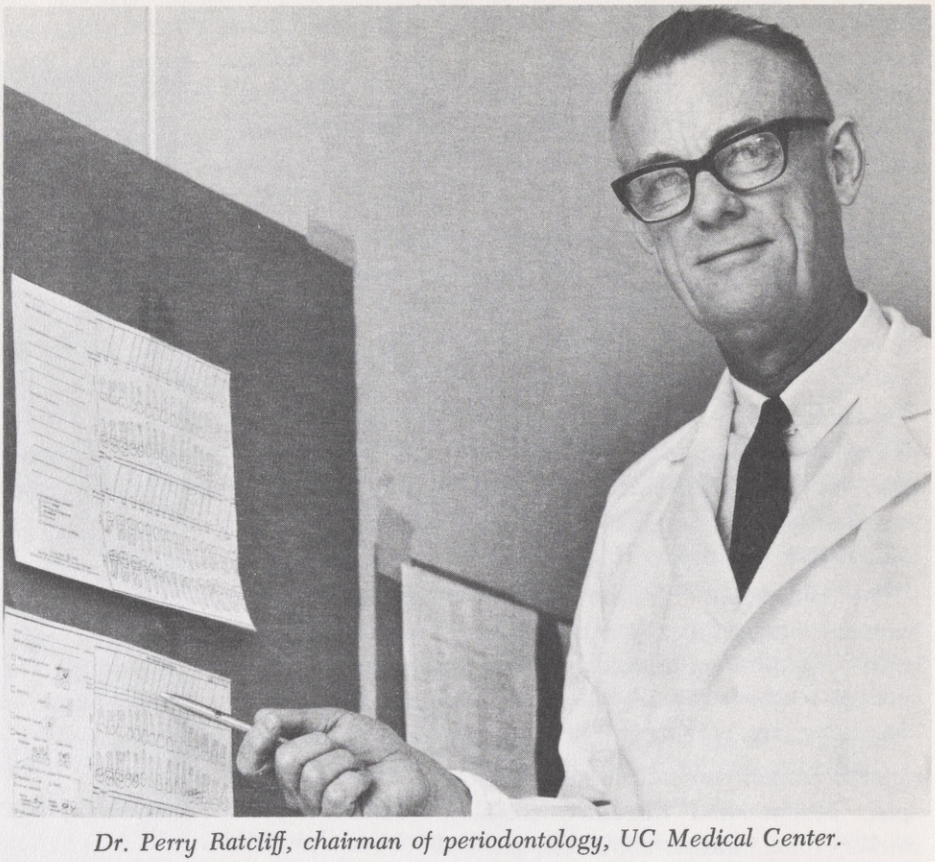
The disease: an inflammatory one including gingivitis and periodontitis. The latter two differ only in the extent of anatomical parts affected. Gingivitis includes soft tissue and periodontitis the supporting bone structures.

"A few years back, the disease was referred to as pyorrhea," Dr. Ratcliff adds.

Periodontitis represents 98 percent of the inflammatory variety of the disease caused primarily from bacterial plaque adhering to tooth structure.

"It is not an infection of the deep tissue, so the body's white defense cells can't attack it. It is simply what someone has called a 'beautiful incubator in the mouth' where toxic products of bacteria that affect the tissues flourish," says the UCMC professor.

A program which will someday result in better dental care for Americans — and in Dr. Ratcliff's long-range plan, hopefully, a sharp reduction in incidence of periodontitis — is now under way at UC Medical Center with a seven-year, $537,000 grant from Division of Dental Health, U.S. Public Health Service.



Dr. Perry Ratcliff, chairman of periodontology, UC Medical Center.

The amount of the grant is not unique, Dr. Ratcliff emphasizes. "There are bigger ones. Its uniqueness lies in the fact that it funds a continuing education with unit programs of instruction involving a total discipline in depth as a dental practitioner could use it."

The grant is intended to finance preparation of 33 to 50 programs of self instruction for the nation's dentists. The goal: to provide a means of learning with no teacher present.

"We want the learner to be able to sit down with the teaching instrument — maybe a book or a film — and gain information by himself."

The self-instructed learning proceeds in small steps, reinforced or remedied immediately after a step by an examination. The process is self-pacing.

In dentistry, Prof. Ratcliff feels, periodontics has been neglected. "It is usually the last subject in the dental school curriculum. But already, 15 percent of practicing dentists in this country — about 15,000 — have taken the self-instructional course in gingivectomy.

Nothing was conceived about periodontics until the 20th century, the professor concedes. "But the first gingivectomy was performed by an ancient Roman with a hot wire. We have made progress."

In fact, skills have reached a point where specialists can attach tissue back to teeth, where gums have receded because of an inflammatory infection.

"The hottest thing going" is what Dr. Ratcliff calls this tooth-tissue graft, which is similar to skin grafting.

"But since the tooth is a quarter to a half organic material, you can only grow tissue to that quarter. So we have somewhat less chance of success than a regular skin graft. But we're learning all the time."

Besides a self-instructional unit on diagnosis, which includes information on periodontitis, the project is working on materials for sections on oral and medical history, examination and evaluation of tissues and on charting. Each section is geared to the needs of the individual practitioner and to the extent that he wishes to undertake therapy himself.

"We build our own materials," says Dr. Ratcliff. "One leader in the field says this is the first self instruction program where there's been guaranteed learning in education. That's our uniqueness."

Out of the campus ivory tower and into the community

It's time to vacate the campus ivory tower and move smack into the heart of the San Francisco community.

Plans are far advanced at UC Medical Center to do just that, according to Dr. Charles T. Carman, associate dean of the UC School of Medicine and professor of medicine.

As a result of all-out efforts made during the last three years, affiliation agreements have been developed with 15 community hospitals in the Bay Area.

"This means that today 55 percent of our undergraduate instruction and 58 percent of our intern and resident education takes place out in the community and the rest here at the medical center. And we will continue to give more bedside instruction off campus than on," Dr. Carman reveals.

Although UC has moved farther and faster in the direction of community hospital affiliations than other medical centers, the associate dean predicts "it's going to happen everywhere."

"No state," he contends, "can afford to build enough medical school hospitals to educate the health professionals we need. California now trains only 21 percent of the physicians it needs each year, so 79 percent must come from out of state.

"In addition to the existing medical schools at San Francisco and UCLA, the University of California has opened three new medical schools in the last two years at Davis, San Diego and Irvine. With Stanford, U.S.C. and Loma Linda there are now a total of eight medical schools in the state. Despite this enormous expansion the population growth of California is so rapid that by 1980 the state will still be able to train only 26 percent of the doctors it needs each year."

Besides the imposing challenge of financing medical education, there are other important facets to the "out into the community" philosophy.

"Students like it! It means functioning in a realistic setting and offers a wider variety of patient care experience than we can provide at the medical center," says Dr. Carman.

"The faculty also like it. It enables them to do their teaching and their practice in a single hospital. Both agree that having a teaching program in a community hospital improves the quality of patient care."

Add to these advantages the problem of coping with ever-increasing class sizes (each class at the medical school is now 130 students) – and the community focus becomes even sharper.

"A year ago, a decision was made to develop a major affiliation with another San Francisco hospital. The choice was Fort Miley Veterans Administration Hospital," Dr. Carman points out.

Dr. Carman and aides spent six months exploring the VA Hospital step by step to devise a program necessary to turn it into a full-fledged teaching hospital. The requirements: more professional staff, new patient care units, expansion and renovation of patient care space, research and teaching programs.

In January, 1968, these commitments were accepted by the Veterans Administration in Washington and by UC Medical Center. Both are devoting major resources to the program. Since the agreement was reached, a massive effort has gone into increasing the professional staff, integrating residency programs, developing new post-doctoral and research programs with the Schools of Dentistry, Medicine, Nursing and Pharmacy, the associate dean reveals.

"Even in this short time, there has been a major improvement in the quality of patient care at the VA Hospital. We intend to make this the best of the 167 VA Hospitals in the country by next January. This is a full-scale, all-out effort, and we have recruited a faculty of nationwide stature."

A new VA Hospital, to be built at Fort Miley, will open in 1974 with 460 beds to handle medical, surgical and psychiatric patients. The existing hospital will be preserved and space used for other types of patient care, teaching, and research activities and Allied Health Professional education programs.

"It is," says Dr. Carman emphatically, "an institution with great expectations!"

What does this community emphasis mean to the average man seeking better medical care?

Dr. Charles T. Carman
A community-wide view

"In the past medical schools and community hospitals often remained isolated, viewing each other with suspicion. The picture is changing. Now the benefits of affiliation are becoming obvious to both.

"Our criteria for affiliation are simple: we require instruction at the same level we demand at the medical center; so long as teaching performance is adequate, the affiliation continues.

"We review programs in every hospital quarter by quarter. The standard of instruction is never left up in the air. That's our business. This might have remained an ivory tower campus. But now it is reaching out into the community and finding it is welcome. And we think our instruction is better because of this."

With 'better instruction' comes an improved standard of medical education and improved medical care for J. Q. Public.

AFFILIATIONS

Here are UC Medical Center's hospital affiliations: Children's Hospital of SF, Children's Hospital Medical Center of Northern California, Franklin Hospital, French Hospital, Kaiser Foundation Hospital, Langley Porter Neuropsychiatric Institute, Letterman General Hospital, Mt. Zion Hospital and Medical Center, Presbyterian Hospital of Pacific Medical Center; SF General Hospital, St. Luke's Hospital, St. Mary's Hospital and Medical Center, County Hospital of Sonoma County, U.S. Public Health Service Hospital, Veterans Administration Hospital.

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Grant to establish Clinical Cancer Research Center

A five-year, $2½ million grant has been given to the UC Medical Center to establish a Clinical Cancer Research Center, it has been announced by Dr. David Wood, director of the Cancer Research Institute on the San Francisco campus.

Purpose of the grant from the U.S. Public Health Service is to focus on close co-ordination between basic science research and clinical application.

In an effort to bring the research scientist closer to problems found in cancer patients, physicians and researchers will work together evaluating results of the clinical studies.

Patients will be admitted to the program on referral by their own physicians and after examination by staff physicians of the Cancer Research Institute.

The grant will pay all patient costs directly related to research, such as hospitalization, tests and medication.

Researchers probe addiction mystery

Mice and special morphine pellets may provide an answer to the mystery of narcotic addiction.

Dr. E. Leong Way and his coworkers at UC Medical Center have found that two substances prevent mice from becoming hooked on morphine.

This discovery constituted the first proof that drug tolerance and physical dependence are related to a biochemical activity in the brain.

What if the results of the mouse experiment can be extended to man? Then therapeutic agents can be designed to prevent the development of dependence and tolerance.

This would eliminate the need for hospitalization of those who have become addicted to narcotics. And it would also make morphine effective in amounts needed to relieve intense pain during prolonged periods of illness without the need to increase progressively the dose.

Research at UCMC showed that production of serotonin in the brain increased in mice given repeated morphine injections or implanted with the morphine pellet.

The exact function of serotonin is not known, but it is believed to play a role in sleep and temperature regulation and in mental illness.

Serotonin is found in the gastrointestinal tract and in blood platelets, as well as in the brain.

Much of Dr. Way's research at UC, where he is professor of pharmacology and toxicology, is concerned with morphine, heroin and other narcotic drugs.

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